



# Village of Savoy

Savoy Municipal Center

611 N. Dunlap

Savoy, IL 61874

217-359-5894 (Phone)

217-359-0202 (Fax)

## **REQUEST FOR VARIANCE OF ZONING REGULATIONS**

Date of Request: \_\_\_\_\_

Applicant Phone No.: \_\_\_\_\_

Daytime Phone No.: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address of Applicant \_\_\_\_\_

\_\_\_\_\_

Address of Affected Property:

\_\_\_\_\_

Lot Number \_\_\_\_\_ Subdivision: \_\_\_\_\_

Property Owner & Owner's Address (if different from applicant): \_\_\_\_\_

\_\_\_\_\_

Zoning Classification of Affected Property: \_\_\_\_\_

Specific Zoning Requirement Requested to be Varied: \_\_\_\_\_

\_\_\_\_\_

Current Land Use: \_\_\_\_\_

What Specific Action would Variance Permit: \_\_\_\_\_

\_\_\_\_\_

If the property is Commercial or Industrial, would there be an Economic or Financial difficulty if the variance request is denied? \_\_\_\_\_

\_\_\_\_\_

What is justification for variance? What hardship or unique circumstance facing the applicant would be alleviated by the proposed variance? Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**(VILLAGE USE ONLY)**

Date of Public Hearing: \_\_\_\_\_ Date Fee Paid: \_\_\_\_\_

Date of Legal Notice Publication: \_\_\_\_\_

Request for Variance \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Conditionally Approved